

## QUARTERLY ADJUSTMENT FORM FOR VOLUNTARY PLAN DISABILITY INSURANCE EMPLOYERS

Instructions for completion are available on page 2 of this form. PRINT OR TYPE IN BLUE OR BLACK INK ONLY.		Employer Account No.			For Quarter Ended MO. DAY YR.				
Name DBA Address		STATUTE OF LIMITATIONS A claim for refund or credit must be filed within three years of the last timely filing date of the quarter being adjusted.		For Department Use Only  MO. DAY YR.  EFFECTIVE  DATE					
		(1)			(2)		(3) DIFFERENCES		
I. ADJUSTMENT TO WAGES AND		Previously	reported	Should	have repo	rted	Debit/(Credi	1)	
A. TOTAL SUBJECT WAGES									
B. UNEMPLOYMENT INSURANCE	(UI) Taxable Wages								
C1. VOLUNTARY PLAN DISABILITY	'INSURANCE (VPDI) WAGES								
C2. STATE DISABILITY INSURANCI	E (SDI) Taxable Wages								
D. EMPLOYER'S UI CONTRIBUTIO	DNS (UI Rate times B)								
E. EMPLOYMENT TRAINING TAX	(ETT Rate times B)								
G. PERSONAL INCOME TAX (PIT)	E* (SDI) Withheld (SDI Rate if credit on row F2.)								
H. SUBTOTAL (Lines D, E	E, F1, F2, & G)								
I. Penalty (Refer to instru	ctions on page 2)								
Penalty (Refer to instructions on page 2)  J. Interest (Refer to instructions on page 2)									
K. Less Erroneous SDI Deductions not refunded (See Box 1 Line 2 below)									
L. Total									
BOX 1. STATE DISABILITY INSURANCE OVERPAYMENTS (Must be completed for credit to be allowed.)  1. Was the credit claimed in column 3 withheld from the wages of employee(s)?									
using this form. EDD will all additional information on p  1. Was the credit claimed in co If yes, has this credit been re	ne amount of California PIT with ow credit adjustments prior to th page 2 before proceeding. lumn 3 withheld from the pay of efunded to employee(s)?	held from wage e issuance of \ employee(s)?.	es of emplo	yee(s), yo u have al	ready issue	ed W-2s	, please read the Yes  Yes  Yes	No No No	
2. Was the credit claimed in column 3 included on W-2s issued to employee(s)?									
III. EMPLOYEE WAGES/PIT WITHE Enter <u>only</u> those employees wh adjustments for more than thre Withholding Report (DE 6).	ose wages, withholdings, or s	social security	account n	umbers a	are being c	orrected	d. If you are repo	-	
SOCIAL SECURITY EMPLOYEE NAME			TOTAL WAGES SHOULD		TOTAL STATE PIT SHOULD				
ACCOUNT NUMBER First In	nitial L	ast Name	HAVE B	EEN REP	ORTED	HAV	<u>'E BEEN REPOR</u>	IED	
Total of this page OR total for all pages attached									
IV. I declare that the above information					•			d.	
SIGNATURE	TITLE (Owner, Accou	ntant, Prepare	er, etc.)	PHONE	i		DATE		

#### Instructions for Completion of Quarterly Adjustment Form For Voluntary Plan Disability Insurance Employers

# You need to complete this form if you are an employer with Voluntary Plan Disability Insurance and:

- You are adjusting wages and/or Personal Income Tax (PIT) withholding by individual. or
- 2. You are reporting additional wages and/or PIT. <u>or</u>
- 3. You are filing a claim for refund. or
- You have reported wages, withholdings, or contributions incorrectly and need to adjust them.

### You do not need to complete this adjustment form if:

- You have made an overpayment and can internally adjust the contribution on a subsequent Payroll Tax Deposit (DE 88). For example, an overpayment of Personal Income Tax (PIT) is considered as a prepayment of the PIT for the subsequent DE 88. The amount reported and paid on the subsequent DE 88 should be the actual amount of PIT withheld for the period minus the overpayment in PIT. or
- You have reported contributions incorrectly and can internally adjust the individual contributions on your subsequent DE 88s.

If you are <u>not</u> an employer with Voluntary Plan Disability Insurance, do not use a DE 938 to request adjustments to your account.

Contact the Taxpayer Assistance Center at (888) 745-3886 for assistance, forms, or if you are reporting back pay awards.

Forms are also available on our Web site at www.edd.ca.gov.

### I. ADJUSTMENTS TO WAGES AND CONTRIBUTIONS Lines A through G:

- Column 1 Enter the amounts previously reported on your return, report, or your most recent adjustment form. Complete for affected fields only.
- Column 2 Enter the amounts that you should have reported on the above return report or adjustment form.
- Column 3 Enter the difference between Column 1 and Column 2.

**Line I**: Penalty: Penalty of ten percent (10%) of Line (H) is due if you are paying additional taxes with this adjustment form. **Line J**: Interest: Interest is computed on the total of Line H and Line I. Since the interest rate changes periodically, please contact your nearest Employment Tax Office for assistance.

**Line K**: Erroneous SDI Deductions Not Refunded: Since SDI deductions (includes Paid Family Leave amount) are employee contributions, EDD cannot refund these contributions to you unless the erroneous deductions have been first refunded to the employees.

Line L: Total: Add Subtotal (Line H), plus Penalty (Line I) and Interest (Line J). Subtract Erroneous SDI Deductions Not Refunded (Line K). If a balance is due, please pay this amount. If a credit is shown, you can either wait for the refund or you can apply the credit to your account. If you want to apply the credit to your account, please indicate in Section II or on a separate statement the amount and the specific fund(s) to which you want us to apply the credit. In order to reduce costs, credits under \$10 will not be refunded unless requested in writing.

#### Personal Income Tax Overpayments

After you have issued a Form W-2 to an employee, you cannot adjust the amount reported as income tax withheld when you have over-withheld from an employee's wages. EDD cannot allow a credit or refund of any overpayment of income tax withheld from an employee's wages that are reported on Form W-2. The employee will receive credit for any overwithholding when filing their California Resident Income Tax return (Form 540) with the Franchise Tax Board. You should not refund the overwithholding to the employee, change the California PIT withholding amount shown on the Form W-2, or file a claim for refund with EDD.

You may claim a credit or refund of California PIT overwithheld from an employee's wages when the excess amount is credited or refunded to the employee during the same calendar year and the excess amount is not shown on the Form W-2 issued to the employee. If you paid EDD more than the amounts withheld from an employee's wages, and you want a refund, you can adjust the amount reported on this form. Otherwise, you can consider this overpayment of PIT as a prepayment of the PIT for the subsequent deposit. You do not need to complete this adjustment form. The amount indicated on the subsequent payment should be the actual amounts due in the PIT minus the overpayment in PIT. The payment submitted should always equal the stated amounts on deposit. **Do not show a credit on the DE 88.** 

If you issued a Form W-2 showing the wrong amount, you must issue a W-2C to the employee and make the necessary changes in Section III on page 1 of this form or submit the appropriate *Quarterly Wage and Withholding Report* (DE 6), with this adjustment form.

- II. REASON FOR ADJUSTMENT. This item is used to explain the reason for the adjustment in the above section.
- **III. EMPLOYEE WAGES / PIT WITHHOLDINGS ADJUSTMENT**. Attach additional *Quarterly Wage and Withholding Report* (DE 6), if you need additional space. Complete as described in the following examples:
- A. Incorrect wages and/or PIT withholdings reported. Enter Social Security Account (SSA) number, name, and **correct** amount of wages and PIT withholdings.
- B. Wrong SSA number originally reported. This correction requires two entries. First enter the **incorrect** SSA number, name, **zero (0)** wages, and **zero (0)** PIT withholdings; then enter the **correct** SSA number, name, **correct** amount of wages and PIT withholdings.
- IV. SIGNATURE. Please include your phone number so we can contact you if we need additional information. Thank you.

FOR DEPARTMENT USE ONLY									
Examiner	Date	Reviewer	Date	Originating Unit					
Examiner	Date	Approval	Date	MIC/ETO					
		• •							
CD	BN	SN	PMT	OP					